

114TH CONGRESS
2D SESSION

H. R. 5262

To eliminate the sunset date for the Veterans Choice Program of the Department of Veterans Affairs, to expand eligibility for such program, and to extend certain operating hours for pharmacies and medical facilities of the Department, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2016

Mr. HUDSON (for himself and Mr. RUPPERSBERGER) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To eliminate the sunset date for the Veterans Choice Program of the Department of Veterans Affairs, to expand eligibility for such program, and to extend certain operating hours for pharmacies and medical facilities of the Department, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Care Veterans Deserve
5 Act of 2016”.

6 **SEC. 2. EXPANSION OF VETERANS CHOICE PROGRAM.**

7 (a) **ELIMINATION OF SUNSET.**—

1 (1) IN GENERAL.—Section 101 of the Veterans
2 Access, Choice, and Accountability Act of 2014
3 (Public Law 113–146; 38 U.S.C. 1701 note) is
4 amended—

5 (A) by striking subsection (p); and

6 (B) by redesignating subsections (q), (r),
7 (s), and (t) as subsections (p), (q), (r), and (s),
8 respectively.

9 (2) CONFORMING AMENDMENTS.—Such section
10 is amended—

11 (A) in subsection (i)(2), by striking “dur-
12 ing the period in which the Secretary is author-
13 ized to carry out this section pursuant to sub-
14 section (p)”;

15 (B) in subsection (p)(2), as redesignated
16 by paragraph (1)(B), by striking subparagraph
17 (F).

18 (b) EXPANSION OF ELIGIBILITY FOR PROGRAM.—

19 (1) IN GENERAL.—Subsection (b)(2) of such
20 section is amended—

21 (A) in subparagraph (C)(ii), by striking
22 “or”;

23 (B) in subparagraph (D)(ii)(II), by strik-
24 ing the period at the end and inserting “; or”;
25 and

1 (C) by adding at the end the following new
2 subparagraph:

3 “(E) has a service-connected disability
4 rated at 50 percent or more.”.

5 (2) CONFORMING AMENDMENT.—Subsection
6 (g)(3) of such section is amended by striking “or
7 (D)” and inserting “, (D), or (E)”.

8 **SEC. 3. ACCESS OF VETERANS TO WALK-IN CLINICS.**

9 (a) IN GENERAL.—Subchapter I of chapter 17 of title
10 38, United States Code, is amended by inserting after sec-
11 tion 1703 the following new section:

12 **“§ 1703A. Hospital care and medical services at walk-
13 in clinics**

14 “(a) IN GENERAL.—The Secretary shall enter into
15 a contract with a national chain of walk-in clinics to pro-
16 vide the hospital care and medical services offered in such
17 clinics to veterans enrolled in the system of annual patient
18 enrollment established and operated under section 1705
19 of this title.

20 “(b) NO AUTHORIZATION OR COPAYMENT RE-
21 QUIRED.—In receiving hospital care or medical services at
22 a walk-in clinic under subsection (a), a veteran is not re-
23 quired—

24 “(1) to obtain authorization before receiving
25 such care or services at the clinic; or

1 “(2) to pay a copayment to the clinic or the De-
2 partment in connection with the receipt of such care
3 or services.

4 “(c) LOCATIONS.—The Secretary may not require a
5 national chain of walk-in clinics to expand their locations
6 as a condition of a contract entered into under subsection
7 (a).

8 “(d) TRANSMITTAL OF INFORMATION.—(1) The na-
9 tional chain of walk-in clinics with which the Secretary
10 has entered into a contract under subsection (a) shall es-
11 tablish an automated system that transmits to the Sec-
12 retary on a weekly basis information regarding the hos-
13 pital care or medical services provided to veterans under
14 this section during such week.

15 “(2) The automated system under paragraph (1)
16 shall be established in a manner that allows the system
17 to securely transmit information to the electronic health
18 record of a veteran regarding the hospital care and med-
19 ical services provided to the veteran under this section.

20 “(3) Transmittal of information under paragraph (1)
21 may not be required as a condition of payment for hospital
22 care or medical services provided under this section.”.

23 (b) CLERICAL AMENDMENT.—The table of sections
24 at the beginning of chapter 17 of such title is amended

1 by inserting after the item relating to section 1703 the
2 following new item:

“1703A. Hospital care and medical services at walk-in clinics.”.

3 **SEC. 4. LICENSURE OF HEALTH CARE PROFESSIONALS OF**
4 **THE DEPARTMENT OF VETERANS AFFAIRS**
5 **PROVIDING TREATMENT VIA TELEMEDICINE.**

6 (a) IN GENERAL.—Subchapter III of chapter 17 of
7 title 38, United States Code, is amended by inserting after
8 section 1730A the following new section:

9 **“§ 1730B. Licensure of health care professionals pro-**
10 **viding treatment via telemedicine**

11 “(a) IN GENERAL.—Notwithstanding any provision
12 of law regarding the licensure of health care professionals,
13 a covered health care professional may practice the health
14 care profession of the health care professional at any loca-
15 tion in any State, regardless of where such health care
16 professional or the patient is located, if the health care
17 professional is using telemedicine to provide treatment to
18 an individual under this chapter.

19 “(b) LOCATION OF CARE.—Subsection (a) shall apply
20 to a covered health care professional providing treatment
21 to a patient regardless of whether such health care profes-
22 sional or patient is located in a facility owned by the Fed-
23 eral Government during such treatment.

24 “(c) RULE OF CONSTRUCTION.—Nothing in this sec-
25 tion may be construed to remove, limit, or otherwise affect

1 any obligation of a covered health care professional under
2 the Controlled Substances Act (21 U.S.C. 801 et seq.).

3 “(d) DEFINITIONS.—In this section:

4 “(1) The term ‘covered health care professional’
5 means a health care professional who is—

6 “(A) authorized by the Secretary to pro-
7 vide health care under this chapter, including a
8 private health care professional who provides
9 such care under a contract or agreement en-
10 tered into with the Secretary, including a con-
11 tract entered into under section 1703 of this
12 title; and

13 “(B) licensed, registered, or certified in a
14 State to practice the health care profession of
15 the health care professional.

16 “(2) The term ‘telemedicine’ means the use of
17 telecommunication technology and information tech-
18 nology to provide health care or support the provi-
19 sion of health care in situations in which the patient
20 and health care professional are separated by geo-
21 graphic distance.”.

22 (b) CLERICAL AMENDMENT.—The table of sections
23 at the beginning of chapter 17 of such title is amended
24 by inserting after the item relating to section 1730A the
25 following new item:

“1730B. Licensure of health care professionals providing treatment via telemedicine.”.

1 (c) REPORT ON TELEMEDICINE.—

2 (1) IN GENERAL.—Not later than one year
3 after the date of the enactment of this Act, the Sec-
4 retary of Veterans Affairs shall submit to the Com-
5 mittee on Veterans’ Affairs of the Senate and the
6 Committee on Veterans’ Affairs of the House of
7 Representatives a report on the effectiveness of the
8 use of telemedicine by the Department of Veterans
9 Affairs.

10 (2) ELEMENTS.—The report required by para-
11 graph (1) shall include an assessment of the fol-
12 lowing:

13 (A) The satisfaction of veterans with tele-
14 medicine furnished by the Department.

15 (B) The satisfaction of health care pro-
16 viders in providing telemedicine furnished by
17 the Department.

18 (C) The effect of telemedicine furnished by
19 the Department on the following:

20 (i) The ability of veterans to access
21 health care, whether from the Department
22 or from non-Department health care pro-
23 viders.

1 (ii) The frequency of use by veterans
2 of telemedicine.

3 (iii) The productivity of health care
4 providers.

5 (iv) Wait times for an appointment
6 for the receipt of health care from the De-
7 partment.

8 (v) The reduction, if any, in the use
9 by veterans of services at Department fa-
10 cilities and non-Department facilities.

11 (D) The types of appointments for the re-
12 ceipt of telemedicine furnished by the Depart-
13 ment that were provided during the one-year
14 period preceding the submittal of the report.

15 (E) The number of appointments for the
16 receipt of telemedicine furnished by the Depart-
17 ment that were requested during such period,
18 disaggregated by Veterans Integrated Service
19 Network.

20 (F) Savings by the Department, if any, in-
21 cluding travel costs, of furnishing health care
22 through the use of telemedicine during such pe-
23 riod.

24 (3) TELEMEDICINE DEFINED.—In this sub-
25 section, the term “telemedicine” has the meaning

1 given that term in section 1730B(d)(2) of title 38,
2 United States Code, as added by subsection (a).

3 **SEC. 5. EXTENSION OF OPERATING HOURS FOR PHAR-**
4 **MACIES AND MEDICAL FACILITIES OF THE**
5 **DEPARTMENT OF VETERANS AFFAIRS.**

6 (a) EXTENSION OF OPERATING HOURS FOR PHAR-
7 MACIES.—The Secretary of Veterans Affairs shall extend
8 the operating hours for each pharmacy of the Department
9 of Veterans Affairs during which the pharmacy offers
10 services comparable to retail pharmacies to include—

11 (1) operation on Saturday, Sunday, and Fed-
12 eral holidays; and

13 (2) operation until 8:00 p.m. on weekdays that
14 are not Federal holidays.

15 (b) CONTRACTS WITH PROVIDERS DURING NIGHTS
16 AND WEEKENDS.—The Secretary shall enter into con-
17 tracts, including through locum tenens arrangements, with
18 physicians and nurses that meet qualifications set forth
19 by the Secretary for purposes of this section under which
20 such physicians and nurses work at medical facilities of
21 the Department during nights and weekends.

22 (c) SUPPORT STAFF.—The Secretary may obtain ad-
23 ditional support staff as necessary to carry out this sec-
24 tion, including by hiring employees or contracting for serv-
25 ices.

1 **SEC. 6. CONDUCT OF BEST-PRACTICES PEER REVIEW OF**
2 **EACH MEDICAL CENTER OF THE DEPART-**
3 **MENT OF VETERANS AFFAIRS.**

4 (a) IN GENERAL.—The Secretary of Veterans Affairs
5 may provide for the conduct by a nongovernmental hos-
6 pital organization of a best-practices peer review of each
7 medical center of the Department of Veterans Affairs to
8 evaluate the efficacy of health care delivered at each such
9 medical center.

10 (b) PRIORITY.—The Secretary shall give priority for
11 peer review conducted under subsection (a) to the medical
12 centers of the Department with the longest wait times for
13 an appointment or the worst health outcomes, as deter-
14 mined by the Secretary.

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